



Patient Education June 2003

1. Review1: AIDS Read. 2003 Apr;13(4 Suppl):S15-9.

Coronary heart disease in HIV-infected persons.

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Treatment of HIV-infected patients with HAART has prolonged survival, and clinicians must now be concerned with chronic diseases, some of which may be more prevalent in this population. This article focuses on coronary heart disease in persons with HIV infection.

Publication Types:

Review, Tutorial

PMID: 12762289 [PubMed - indexed for MEDLINE]

2: Am J Manag Care. 2003 May;9(5):374-80.

Evaluation of a depression health management program to improve outcomes in first or recurrent episode depression.

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OBJECTIVES: To evaluate the impact of telephone counseling and educational materials on medication adherence and persistency among members with newly diagnosed depression enrolled in a pharmacy benefit management-sponsored disease management program. **STUDY DESIGN:** Longitudinal cohort observation. **METHODS:** The study population comprised 505 members with a new or recurrent episode of depression who consented and enrolled in a depression disease management program. After written consent was obtained, program participants received up to 4 telephone-counseling calls and 5 educational mailings focused on the importance of medication compliance, barriers to medication compliance, quality of life, symptoms, and satisfaction with the program. A control group of 3744 members was selected from client companies that opted not to offer the depression program. Measures of medication adherence, persistency with prescription drug therapy, and patient refill timeliness were computed for both groups and compared. **RESULTS:** Patients enrolled in the depression disease management program were significantly more likely to adhere to their medication regimen during acute (89.0% vs 67.7%, $P < .001$) and continuation treatment phases (81.1% vs 57.6%, $P < .001$). In addition, members enrolled in the program were significantly more likely to continue their therapy after 7 months (77.8% vs 49.5%, $P < .001$) and refilled their prescriptions on a more timely basis (0 vs 18 days, $P < .001$). **CONCLUSIONS:** A pharmacy benefit management-sponsored

health management depression program succeeded in encouraging patients with new or recurrent depression to stay on antidepressant medication and to reach treatment goals outlined by best practice guidelines.

Publication Types:

Evaluation Studies

PMID: 12744299 [PubMed - indexed for MEDLINE]

3: Brain Inj. 2003 May;17(5):401-11.

Clinician expectations for portable electronic devices as cognitive-behavioural orthoses in traumatic brain injury rehabilitation.

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OBJECTIVE: To ascertain experiences and expectations of clinicians as to uses of portable electronic devices such as hand-held computers as cognitive-behavioural orthoses in TBI rehabilitation. DESIGN: Survey study. PROCEDURES: A survey developed and piloted with the input of clinician focus groups was completed by 81 TBI clinicians from a variety of disciplines and work settings. RESULTS: About half of the respondents reported prior exposure to clients with TBI who had used portable electronic aids. Of 10 key cognitive/behavioural areas, respondents saw most potential for devices in the areas of learning/memory, planning/organization and initiation; less potential was seen for social/interpersonal or behavioural difficulties. However, many respondents also identified learning and memory abilities as essential client characteristics for successful use of portable electronics. Cost was identified as a significant barrier to use of portable devices in rehabilitation. Respondents expressed low confidence overall in their ability to guide clients in use of devices; those who reported personal use were significantly more confident than those who did not. CONCLUSION: Clinicians believe that new electronic devices have potential for treatment of some cognitive impairments, but clinical experimentation may be limited by costs of technology and low clinician confidence.

PMID: 12745712 [PubMed - indexed for MEDLINE]

4: Crit Care Nurs Q. 2003 Apr-Jun;26(2):101-4.

Bariatric weight loss surgery: patient education, preparation, and follow-up.

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Bariatric weight loss surgery is no small undertaking. It requires a lifelong commitment on the part of the patient. Education is the key to helping patients achieve optimal health and a better quality of life as a result of having undergone weight loss surgery.

PMID: 12744590 [PubMed - indexed for MEDLINE]

5: Dermatol Nurs. 2003 Apr;15(2):107-10, 113-8; quiz 119.

Psoriatic arthritis: a guide for dermatology nurses.

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Psoriatic arthritis (PsA) affects people in the prime of life, causing functional impairment and diminished quality of life. Etanercept, the first FDA-approved therapy, and other immunobiologics, offer hope for favorable long-term outcomes. It is imperative that dermatology nurses learn more about

the basic immunology of psoriasis and PsA and the role of immunomodulation in their treatments.

Publication Types:

Review

Review, Tutorial

PMID: 12751345 [PubMed - indexed for MEDLINE]

6: Dermatol Nurs. 2003 Apr;15(2):135-8, 141-4.

Epidermolysis bullosa: the challenges of wound care.

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Epidermolysis bullosa (EB) is a severe blistering skin disorder. Care for an individual diagnosed with EB can be challenging. Wound care for the more severe types of EB can consume an individual's life; therefore, one of the most important nursing considerations is to educate individuals and family members about proper wound care, products, and different dressing techniques.

PMID: 12751349 [PubMed - indexed for MEDLINE]

7: J Dent Educ. 2003 Apr;67(4):439-47.

The effects of teaching dental students brief motivational interviewing for smoking-cessation counseling: a pilot study.

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The purpose of this research was to explore the changes that occurred in dental students' counseling techniques as a result of training in Brief Motivational Interviewing (BMI). A randomized pretest, posttest design was used with eleven students in each group. Baseline and posttraining measures of students' counseling techniques and the characteristics of the counseling session with standardized patients were made. The measures were: student behavior from videotapes, patient involvement in the treatment, establishment of good doctor-patient rapport, perceived efficacy in promoting patient change, and student confidence and interest in the task. MANOVA found significant differences between the trained and the untrained groups ($F = 4.019$, $p = 0.018$). Training resulted in sessions in which students used more BMI techniques and patients were more actively involved. No changes were seen in the other variables. Future studies must examine whether more experience will improve the students' ability to use BMI to enhance patient rapport, to increase their sense of competence and interest in doing counseling, and to determine the effectiveness of the counseling to encourage patient smoking cessation.

PMID: 12749573 [PubMed - indexed for MEDLINE]

8: J Psychosoc Nurs Ment Health Serv. 2003 May;41(5):38-43.

Promoting self-management of urinary incontinence in a geropsychiatric day treatment program.

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As the number of older adults in the United States increases, the number of older adults with mental illnesses also will increase. There will be a corresponding increase in prevalence of UI and its associated problems--medical problems, loss of independence or need for institutionalized care, diminished

quality of life, and increased costs. Psychiatric nurses are in a position to help older adults with mental illnesses improve their overall health and quality of life by preventing the problems associated with untreated UI. Within their practice, psychiatric nurses have the opportunity to ensure clients receive the comprehensive assessments needed to establish their functional, physical, behavioral, emotional, and social support status--information that forms the foundation for developing individualized treatment interventions. Psychiatric nurses have the expertise to integrate physical and mental health care for older adults with mental illnesses and co-occurring conditions, such as UI. Promoting self-management of UI among older adults with mental illnesses potentially will enable them to participate in psychiatric rehabilitation programs; improve their overall health and quality of life; prevent falls and fractures that often cause them to lose their independent community living status and to be admitted to long-term care facilities; and reduce the cost to mental health care providers of managing UI in the treatment setting.

PMID: 12743965 [PubMed - indexed for MEDLINE]

9: Jt Comm J Qual Saf. 2003 May;29(5):211-26.

Using the ISMP Medication Safety Self-Assessment to improve medication use processes.

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BACKGROUND: The 194-item Institute for Safe Medication Practices (ISMP) Medication Safety Self-Assessment for hospitals is being used by a 21-hospital collaborative as a framework for understanding, evaluating, and systematically implementing medication use system safety improvements. **METHODS:** The results of the self-assessment were used to prioritize and organize the review of medication use processes, in which each self-assessment-defined "representative characteristic" is reviewed in detail, and "best implementation practices" for the characteristic are established. The collaborative concurrently identifies educational needs and develops tools to assist organizations in implementing improvements. **RESULTS:** By December 2002 participating organizations had implemented a wide variety of medication safety improvements. Collaborative member scores for the self-assessment increased approximately 20% during the initial assessment when the self-assessment was repeated by members in the second quarter of 2002. **SUMMARY:** Participant progress in improving medication safety practices is supportive of collaborative methods and the value of completing the ISMP self-assessment, expanding on the knowledge gained, developing effective implementation tools, and systematically applying lessons learned.

Publication Types:

Evaluation Studies

PMID: 12751302 [PubMed - indexed for MEDLINE]

10: Jt Comm J Qual Saf. 2003 May;29(5):227-37.

Microsystems in health care: Part 4. Planning patient-centered care.

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BACKGROUND: Clinical microsystems are the essential building blocks of all health systems. At the heart of an effective microsystem is a productive interaction between an informed, activated patient and a prepared, proactive practice staff. Support, which increases the patient's ability for

self-management, is an essential result of a productive interaction. This series on high-performing clinical microsystems is based on interviews and site visits to 20 clinical microsystems in the United States. This fourth article in the series describes how high-performing microsystems design and plan patient-centered care. **PLANNING PATIENT-CENTERED CARE:** Well-planned, patient-centered care results in improved practice efficiency and better patient outcomes. However, planning this care is not an easy task. Excellent planned care requires that the microsystem have services that match what really matters to a patient and family and protected time to reflect and plan. Patient self-management support, clinical decision support, delivery system design, and clinical information systems must be planned to be effective, timely, and efficient for each individual patient and for all patients. **CONCLUSION:** Excellent planned services and planned care are attainable today in microsystems that understand what really matters to a patient and family and have the capacity to provide services to meet the patient's needs.
PMID: 12751303 [PubMed - indexed for MEDLINE]

11: Jt Comm J Qual Saf. 2003 May;29(5):248-59.

Using a systemwide care path to enhance compliance with guidelines for acute myocardial infarction.

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BACKGROUND: Several acute myocardial infarction (MI) guidelines and policy statements have been developed, but compliance rates are suboptimal. The cardiology section at Gundersen Lutheran Medical Center (La Crosse, Wisconsin) used a systemwide approach to enhance compliance with guidelines. **METHODS AND RESULTS:** Data were collected prospectively for a 4-year period (May 15, 1995-May 15, 1999) for all patients presenting with acute MI. In 1995 a multidisciplinary team developed protocols for each phase of MI management and designed clinical care paths with built-in accountability. The initiative resulted in improvements in all phases of acute MI care and met the benchmark recommendations in mean time to electrocardiogram, thrombolytic therapy, and aspirin and beta-blocker administration. Rates of prescriptions for secondary prevention were 92% for aspirin and beta-blocker and 97% for smoking cessation education at 4 years. **SUMMARY:** The care path for acute MI involved multiple disciplines and empowerment of nonspecialists and nonphysician practitioners during development and implementation, as well as continual education and retraining. The care path led to several improvements in performance scores. These findings indicate that the recommendations as set forth in the American College of Cardiology (ACC) and the American Heart Association (AHA) guidelines for managing acute MI are realistic and achievable, and they do not require additional resources.

Publication Types:

Evaluation Studies

PMID: 12751305 [PubMed - indexed for MEDLINE]

12: Nurs Times. 2003 Apr 29-May 5;99(17):51-2.

Foot assessment in GP practices for people with diabetes.

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Diabetes increases the chance of lower-limb amputation: directly, as a result of ulcers caused by trauma and complicated by lack of sensation; and indirectly, by peripheral vascular disease. In any one patient both causes can occur.

PMID: 12747184 [PubMed - indexed for MEDLINE]

13: Nurs Times. 2003 Apr 29-May 5;99(17):54-5.

Polypharmacy and older people.

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Polypharmacy is defined as the practice of prescribing four or more medications to the same person (Department of Health, 2001). This often occurs with older people who have concurrent disease processes, each needing a specific treatment regime (Box 1). Older people receive more prescriptions per head than any other group. The National Service Framework for Older People (DoH, 2001) shows that 5-17 per cent of hospital admissions are caused by adverse reactions to medicines. It also indicates that 6-17 per cent of older patients in hospital experience adverse drug reactions.

Publication Types:

Review

Review, Tutorial

PMID: 12747185 [PubMed - indexed for MEDLINE]

14: Perform Improv Advis. 2003 Mar;7(3):44-7.

Advocate's disease management program reduces readmissions for CHF and asthma.

[No authors listed]

Advocate's disease management program reduces readmissions for congestive heart failure (CHF) and asthma. Educating CHF and asthma patients while they are in the hospital, using standing orders that reflect national guidelines, and then providing nurse specialists to follow up with patients while they are in the outpatient setting is proving to be a winning combination for Advocate Health Care.

PMID: 12741043 [PubMed - indexed for MEDLINE]

15: Rehabil Nurs. 2003 May-Jun;28(3):80-6.

A conceptual map for studying long-term exercise adherence in a cardiac population.

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The failure of people with coronary heart disease to adhere to prescribed programs of long-term exercise is a growing concern among healthcare professionals. The problem is attributed partly to not correctly identifying the specific exercise adherence behavior desired. There is a need in cardiac rehabilitation for different theoretical and practical approaches to the study of patient adherence to short-term and long-term exercise prescriptions. This article is a review of behavioral and cognitive models used to promote exercise in cardiac rehabilitation programs. Concepts are borrowed from these models to design a conceptual map intended to identify variables and relationships associated with exercise adherence behaviors. In this article, the Coronary Artery Disease Exercise Map (CADEM), an evolving conceptual map, addresses exercise behavior within a coronary population. However, this map may also be applied to people who have other chronic conditions. It is believed that the CADEM will provide researchers and healthcare providers with a framework with which to understand, promote, and evaluate adherence to exercise regimes within the rehabilitation population.

Publication Types:

Review
Review, Tutorial
PMID: 12747246 [PubMed - indexed for MEDLINE]

16: Rep Med Guidel Outcomes Res. 2003 Jan 10;14(1):9-10, 12.
Self-management improves functioning for age-related macular degeneration patients.
Rollins G.
Publication Types:
News
PMID: 12762306 [PubMed - indexed for MEDLINE]